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Effective on 12/08/2004.				Complete if Known					
FEE TRANSMITTAL				Application Number 10/533			3,398		
	Filing Date		April 30, 2005						
For FY 2005				First Named	First Named Inventor Charles C. Hart				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Neal, 7			Γimothy J.		
				Art Unit 3731					
TOTAL AMOUNT OF PAYMENT (\$) 790.00			Attorney Docket No. 2395-			USP-PCT-US			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 01-2215 Deposit Account Name Applied Medical Resources Corporation									
For the above-identified deposit account the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		NG FEES	SEAF	RCH FEES		MINATION			
Application 7	Γγ <u>ρe</u> <u>Fee (</u>	Small Entity \$) <u>Fee (\$)</u>	<u>Fee (\$</u>	Small Entity Fee (\$)	<u>Fee</u>	Small E (\$) Fee		Fees Pa	id (\$)
Utility	300	150	500	250	200	100	_		
Design	200	100	100	50	130) 65	_		
Plant	200	100	300	150	160	80	_		
Reissue	300	150	500	250	600	300	_		
Provisional	200	100	0	0	C) 0	_		
2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$) Fee (\$)									
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Fee (\$) Fee (\$) 50 25									
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims									
	extra Ca or HP ≔		= <u>ree</u>	raiu (ֆ)		<u>ле Берепаа</u> э (\$)	Fee Paid (\$}	
•	ber of total claims pai	d for, if greater tha		D 11/A)				_	
Indep. Claims - 3	Extra CI or HP =	<u>aims Fee</u> x	(数) <u>Fee l</u> =	Paid (\$)					
HP = highest num	ber of independent cla	aims paid for if gre	eater than 3						
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other: Request for Continued Prosecution (RCE) 790.00									
NUMBER TO BY									
ignature	120		Ι	Registration No (Attorney/Agent)	/2 691	T	elephone o/	0_712.5	3383
ame (Print/Type) Patrick Y. Ikehara				Attorney/Agent) 42,001			Telephone 949-713-8383 Date May 31, 2007		
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450